

The Public Health Service and Rural Health

□With this special issue devoted to health and health care in rural America, *Public Health Reports* focuses attention on this significant national problem and challenges us to find a solution for it.

□The Public Health Service has available a wide array of health programs and legislative authorities that can benefit rural citizens; several articles in this issue attest to this. These predominantly categorical programs have come into existence one at a time as public and congressional attention was drawn to one or another aspect of the rural health problem. An unfortunate and unforeseen result of this multiplicity of individual programs has been duplication of Federal resources in some local areas, and lack of any Federal resources in others. What is needed now is a Public Health Service strategy to coordinate the programmatic authorities of its concerned agencies and systematically bring these to bear in response to locally determined priorities and problems.

□Recognizing this need, the Health Services Administration (HSA) has already undertaken a rural health initiative in which the resources of four programs within our Bureau of Community Health Services—National Health Service Corps, Community Health Centers, Appalachian health program, and Migrant Health—have been coordinated at selected sites.

□By coordinating categorical resources administratively, we intend to encourage residents in natural medical trade areas, irrespective of geopolitical boundaries, to take an integrated and holistic view of their health care system requirements and priorities. We are encouraging countywide or multicounty approaches essentially for economic reasons; sparsely populated areas must join together to develop a sufficiently large population base to permit efficient utilization of resources (whether a physician specialist, expensive medical equipment, a community mental health clinic, a nutrition or sanitation specialist, or even a primary care provider if the area is very sparsely populated).

□The requirements and priorities for improving the health care services available in an area vary greatly from one region of the country to another, and even from one area to another within the same region. To facilitate local determination of

requirements and priorities, management of the rural health initiative has been highly decentralized with major responsibilities residing in the Regional Office of the Department of Health, Education, and Welfare.

□Where do we go from here? plans to expand its rural health initiative in 1976 by coordinating resources from additional programs, both within the Bureau of Community Health Services and from other Bureaus as well. Health Services Administration invites the cooperation of the Public Health Service Agency in concert with local public and private organizations so that in 1976—the Bicentennial Year—we see an expanded and concerted effort to solve the problems of health care for rural America.

Robert van Hoek, MD
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Cover—The man crossing the footbridge above Troublesome Creek, near Hindman, Ky., is one of 54 million rural Americans. Health services for those who live far from urban medical centers have often been inadequate, infrequent or nonexistent. The 13 papers in the rural health section of this issue of *Public Health Reports* examine what's happening and what needs to happen to solve the health care problems of rural Americans.

